

# Late Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

<b>NAME OF FILER</b> Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action			<b>Date of This Filing</b> <u>10/18/2018</u>	Date Stamp       Page 1 of 6	<b>CALIFORNIA FORM 497</b> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b> (310)576-1233	<b>I.D. NUMBER</b> (if applicable) 1399958	<b>Report No.</b> <u>42</u>			
<b>STREET ADDRESS</b>  					
<b>CITY</b> Los Angeles	<b>STATE</b> CA	<b>ZIP CODE</b> 90024	<b>Amendment to Report No.</b> <u>001</u> (explain below)		
			<b>No. of Pages</b> <u>6</u>		

## Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
10/05/2018	California Democratic Party Sacramento, CA 95811  ID# 741666 Memo Reference: NON:S497:1406	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		\$203.84
10/15/2018	AIDS Healthcare Foundation Los Angeles, CA 90028  ID# 1281664 Memo Reference: NON:S497:1405	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$3,500.00
10/15/2018	AIDS Healthcare Foundation Los Angeles, CA 90028  ID# 1281664 Memo Reference: NON:S497:1426	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$23,244.06

### \*Contributor Codes

IND - Individual	PTY - Political Party
COM - Recipient Committee (other than PTY or SCC)	SCC - Small Contributor Committee
OTH - Other	

### Reason for Amendment:

Amended to disclose in-kind contributions inadvertently left out of original report.

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10/15/2018	AIDS Healthcare Foundation Los Angeles, CA 90028  ID# 1281664 Memo Reference: NON:S497:1427	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$6,177.79
10/15/2018	California Democratic Party Sacramento, CA 95811  ID# 741666 Memo Reference: NON:S497:1407	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		\$491.48
10/15/2018	California Democratic Party Sacramento, CA 95811  ID# 741666 Memo Reference: NON:S497:1413	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		\$80.51

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<b>STREET ADDRESS</b>  					
<b>CITY</b> Los Angeles	<b>STATE</b> CA	<b>ZIP CODE</b> 90024	<b>Amendment to Report No.</b> <u>001</u> <small>(explain below)</small>		
			<b>No. of Pages</b> <u>6</u>		

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10/15/2018	Housing California Sacramento, CA 95814  Memo Reference: NON:\$497:1424	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$33.33
10/15/2018	Jay Kelekian Berkeley, CA 94705-2209	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Municipal Employee City of Berkeley	\$1,000.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

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<b>STREET ADDRESS</b>			<b>Report No.</b> 42	Page 4 of 6	For Official Use Only
<b>CITY</b> Los Angeles			<input checked="" type="checkbox"/> <b>Amendment to Report No.</b> 001 (explain below)		
<b>STATE</b> CA			<b>No. of Pages</b> 6		
<b>ZIP CODE</b> 90024					

## Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)

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Memo Reference: NON:S497:1424  
in-kind contribution

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Memo Reference: NON:S497:1413  
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Memo Reference: NON:S497:1407  
in-kind contribution

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Memo Reference: NON:S497:1427  
in-kind contribution

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Memo Reference: NON:S497:1426  
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Memo Reference: NON:S497:1405  
in-kind contribution

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Memo Reference: NON:S497:1406  
in-kind contribution

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